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PTO/SB/21 (09-06)
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Under the Paperwork Reduction Act of 1995	Application Number	lection of information unless it displays a valid OMB control number. 10/750,309									
TRANSMITTAL	Filing Date	December 3I, 2003									
FORM	First Named Inventor	BAILEY et al.									
	Art Unit	3746									
(to be used for all correspondence after initial	Examiner Name	Charles Grant Freay									
	Attorney Docket Number	M02A23I									
Total Number of Pages in This Submission											
ENCLOSURES (Check all that apply)											
Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts  under 37 CFR 1.52 or 1.53	Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatio Change of Correspondence A  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on CD  Remarks	Status Letter Other Enclosure(s) (please Identify below):									
SIGNA	TURE OF APPLICANT, ATTO	RNEY, OR AGENT									
Firm Name The BOC Group, Inc.											
Signature Signature	011										
ma	for Johns										
Printed name IRA LEE ZEBRAK											
Date Much	19, 2007 1	Reg. No. 31,147									
C C	ERTIFICATE OF TRANSMISSI	ON/MAILING									
I hereby certify that this correspondence is b sufficient postage as first class mail in an enthe date shown below:	eing facsimile transmitted to the USPTovelope addressed to: Commissioner for	O or deposited with the United States Postal Service with Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on									
Signature Beffy Le	l .										
Typed or printed name Betty Lee		Date March 19,2007)									

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MAR 2 1 2007

Date ,

PTO/SB/17 (02-07)

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Index the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.			Complete if Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number 10/750,309								
FEE TRANSMITTAL			Filing Date	D	December 31, 2003						
For FY 2007			First Named Inve	entor B	AILEY e						
			Examiner Name Charles Grant Freay				y_				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 3746								
TOTAL AMOUNT OF PAYMENT (\$)			Attorney Docket i	No. M	M02A231						
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 02-2865  Deposit Account Name: The BOC Group, Inc.											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s)											
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card											
Information and authorization on PTO-2038.											
FEE CALCULATION											
1. BASIC FILING, SEARC	H, AND E			OU FEE		NATION	FFFC				
		nall Entity	SEAR	CH FEES Small Entity		Small E					
		Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$	) Fee	(\$)	Fees I	Paid (\$)		
Utility	300	150	500	250	200	100	)				
Design	200	100	100	50	130	65	i				
Plant	200	100	300	150	160	80	)				
Reissue	300	150	500	250	600	300	)				
Provisional	200	100	0	0	0	C					
2. EXCESS CLAIM FEES Fee Description						Fe	e (\$)	mall Entit	Σ		
Each claim over 20 (including Reissues)						· · · · · · · · · · · · · · · · · · ·	50	25			
Each independent claim over 3 (including Reissues)					2	200	100				
Multiple dependent claims						3	360	180			
	xtra Claim	_	<u>Fee</u>	Paid (\$)		Multiple Depende					
20 or HP = HP = highest number of total cla	aims paid for	if greater than 20	=			Fe	e (\$)	Fee Pa	iid (\$)		
Indep. Claims E	xtra Claim		Fee	Paid (\$)				-			
- 3 or HP =	dent claims	X	=								
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
100 = / 50 = (round <b>up</b> to a whole number) x =											
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)											
Other (e.g., late filing surcharge): Terminal Disclaimer Fee \$130.00											
SUBMITTED BY											
Registration No. 3I,147  Telephone 908-771-6469											

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Name (Print/Type) IRA LEE ZEBRAK